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ABSTRACT

This essay discusses methodological and ethical problems in the implementation and evaluation of home-based intervention programs for young children and their families. Part I notes the difficulties in (1) selecting an appropriate research design to evaluate a program (e.g., preventing sample bias), (2) specifying precisely the intervention method (e.g., insuring uniformity of treatment), (3) making decisions concerning which program effects to measure, (4) implementing the program in new settings (e.g., maintaining quality control) and (5) delivering the program in an ethically acceptable manner (e.g., avoiding subtle coercion in obtaining the consent of the target population). Part II briefly outlines recommended procedures to avoid the problems discussed in Part I. (BH)

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Home-Based Programs: Nightmare or Dream of the Future[1]

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Home-Based Programs: Nightmare or Dream of the Future

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A few years after the Verbal Interaction Project launched the development and research of the preschool home-based Mother-Child Home Program in 1965, a speaker at a national conference called it the "nightmare of the future". His concern was that the program had a serious potential for infringement on the privacy and rights of families. This aroused some indignation within the Verbal Interaction Project, where it was felt that explicit safeguards against these risks had been built into both the research procedures and the program. In addition, the research of the program already indicated that it might be a dream of effectiveness and social feasibility.

Nevertheless, the echo persisted of what we gradually came to recognize as a socially responsible warning against the possibility that it could indeed become a nightmare of coerciveness and intrusiveness in spite of benevolent intentions (Gaylin et al, 1978). It has since served as a reminder that if the prime obligation of an investigator of any social intervention program within this democratic society is vigilance to make certain that the research and programs are consistent with democratic values, this is especially true of home-based intervention programs. In center-based preschool programs, at least, the participants can escape the program by going home. In a home-based preschool program, they <u>are</u> at home, and have no place to retreat to. The problem is only one of those which should be addressed in a discussion of problems and possible strategies in home-based programs.

My own presentation will be made from the perspective of 14 years of pilot, short-term, longitudinal, and out-of-project replication research of the Mother-Child Home Program. The research involved about 700 2 to 4 year olds and their mothers, divided into ten annual cohorts within our own project; about 2000 such pairs in out-of-project replications; and too many problems to count. The Mother-Child Home Program itself was, as indicated, a home-based intervention method. Its goal was to enhance the interactive behavior (or "parenting skills") of mothers with their very young children -- actually pre-preschool -- in ways assumed to foster the children's intellectual and social-emotional development. That the program eventually demonstr ted significant positive effects on both mothers and children, some lasting into 3rd grade, (Levenstein, 1978a; 1978b) is less important for our present discussion than the problems we encountered along the way.

Our long experience, and our cumulative acquaintance with other home-based preschool programs which began to proliferate a few years after we started our own program, have convinced me that many of these problems are unique to home-based programs. My charge today is to focus on the problems and to offer, however tentatively, some possible strategies. I can, of course, touch on only some of the problems here, and have tried to select those which I think are most likely to be obstacles in the way of home-based programs becoming a hope rather than a problem of the future.

PROBLEMS OF HOME-BASED INTERVENTION

Problems with Research Design

The research design presenting the most serious problem to investigation of the effectiveness of home-based programs is the true experimental design, requiring a representative sample from the target population and the randomization of the sample into Experimental (program) and Control (non-program) groups. Unfortunately, this design is currently the best one for discerning program effects. In my opinion, it is not the ethics of giving a program to one group and not another which poses the problem in this design. Random assignment to the scarce resource represented by almost any social program is, as Donald Campbell has noted, the fairest way to allot such resources. The problems lie in other areas.

One is from the sample-bias effects of self-selection, or volunteerism (Rosenthal & Rosnow, 1975), that can result when mothers are approached by an unintroduced stranger with an invitation to become subjects, along with their children, in an experiment. Even so august an enterprise as updating the norms of the Stanford-Binet in 1972 seems to have suffered from sample-bias in its preschool sample, resulting from the fact that "there may be a tendency for parents of young children not yet in school to be less willing to permit a child to be tested if the child has not appeared to be an advanced or competent youngster", to quote from Robert Thorndike's 1977 article on this worrisome problem (Thorndike, 1977).

Attrition from Experimentla and/or Control groups can pose another problem. Sometimes so many subjects may drop away, often for such inescapable reasons as moving too far from the area to be serviced, that the final data analysis may be equivocal. In longitudinal research the experience may be erratic: severe with one annual cohort and hardly noticeable in another.

Finally, the John Henry effect looms: the Control mothers making special efforts with their children because they know a program exists from which they have been excluded.

Problems with Intervention Method

Defining the intervention method being researched is, of course, absolutely essential to evaluation research of home-based programs, or any program. Otherwise the results, whatever they are, become meaningless, no matter how good the design (cf. Barber, 1976). But defining the method appears to present especially difficult problems in home-based programs research.

1) Creators of home-based programs sometimes appear to have trouble in saying just what is to be done in the home sessions.

2) Home-based programs occasionally require the Home Visitor to make up curriculum and procedures to fit the family, and this commendable individualization can result in there being as many methods as there are families within a program.

3) Even if a method is thus defined, its implementation within the research project presents problems. What assurance is there that the method is being carried out in the prescribed manner? This is hard enough to estimate when a method is being tested in an easily observable classroom. The private nature of the home setting greatly compounds the problems.

Problems with Measurement of Effects

Deciding <u>what</u> to measure as program effects is a problem encountered all too often in home-based programs with multiple goals. Often there is confusion between <u>goals</u> and <u>effects</u>. It is hard to come to terms with the fact that a goal is what one hopes will result from a program, but an effect is the actual outcome.

Second, a home-based program reaches so many people, it is sometimes hard to decide who should be measured: child? parent? grandmother, aunt, uncle, cousin, brother, sister?

Third, what instruments should be used to measure a proliferation of effects and persons? Finding standardized instruments to measure social and emotional effects, for instance, is not so easy.

Instrumentation pales in difficulty, however, compared to the further problem of devising reliable procedures for making direct observations of parents and children in interaction. For example, should it be in the locus of program delivery, the home? This obvious solution collides head on with the planned lack of program delivery to control homes. Problems of instrumentation and methodology can go hand in hand!

Out-of-research-project Implementation Problems

Let us suppose that a double miracle has happened. You have been able to surmount all methodology and instrumentation problems, and you have demonstrated by getting significant program effects that your program works. The next step is disseminating it to all who want it, outside of the research project. The problems that ensue are not peculiar to home-based programs but seem to be aggravated within them.

First is the question of maintenance of standards, or quality control. How does one assure that the program that was researched and found effective in the laboratory is indeed the same one which is being delivered 500 miles away?

Next, what kinds of practical aids in terms of training, supervision, and materials will the staff require from the original research project in order to deliver the program?

And last, (at least of the questions asked here), how much variation can be permitted from the original, researched version of the program in order to adapt it to local needs?

Socio-ethical Problems in Program Delivery

If the major socio-ethical problems peculiar to home-based programs have not been solved in the program when it was researched in the laboratory, they are likely to plague the one being replicated in the field.

There is the danger of subtle coerciveness to accept the program in offering it to families. Low-income parents in particular may find it harder to say no than to say yes to the offer of a program coming into their very living rooms.

Service overload is another problem. Once the program is accepted by the mother, there is a temptation for the administrators of a program to give many home services because the foot is in the door: child rearing, nutrition, health, dental suggestions, food preparation are just some of the areas to be covered by the home visitor. Beside a variety of fine personal attributes, she is expected to have some knowledge in all of these areas, and is often expected to be a counselor, teacher, social worker, driver, record keeper and craftsman, etc.(Morrison, 1978). Few home visitors are experts in all or even some of these areas, so some of the services, no matter how well meant, are likely to be of questionable quality. An even more important doubt is whether families truly want all of these services, or whether they accept them out of compliance to Authority. In fact, insensitivity to the mother's real wishes, which she is unable to express out of courtesy to a guest in her home, can lead to a home program's being delivered long after it has outstayed its original welcome, with predictable resentment and covert sabotage by the mother.

On a more general level, the quality of home programs is most difficult to monitor. Abuses can range from near-criminal (the promised program not being delivered at all, with the mother being given something cheaper and easier) to the human (e.g., home visitors reporting false information to their supervisors because it puts them in a better light).

Finally, the confidentiality issue is of crucial socio-ethical importance. Home visitors almost inevitably pick up information about a family which should be kept confidential, in the interests of family privacy. How can confidentiality be assured?

In fact, home visitors can be intrusive, can give advice, opinions, even information that is officious and possibly destructive. This is a special danger if a home visitor untrained in counseling is supposed to encourage the mother to be her friend and confide in her so that she can "help". How can a home-based program avoid this and still respond to the real and often desperate needs of mother?

SOME SUGGESTED STRATEGIES

Like every project with a home intervention program under research, we had to face these problems. We did arrive at strategies - eventually - for all of them, often with difficulty and sometimes with pain. They suggest some generalizations which I pass on, for whatever contribution they are able to make.

Research Methodology

It seems possible to deal with volunteerism and John Henry effects in an experimental design through selecting families to receive the program randomly from a much valued service, perhaps even an evaluation service. Goals, and thus the effects to be measured, should be limited within this design and in follow-up.

Whenever possible, find standardized instruments to measure child variables post-program and in school follow-ups, perhaps basic skills like reading and arithmetic. We were fortunate enough to develop also, over ten years, two reliable, valid instruments, one to observe and measure children's social-emotional competence and the other to observe mothers' program-referenced parenting skills in video-taped play sessions within the laboratory, the same for both Program and non-Program dyads. But please note, that to solve our own research design problems, our annual research designs became successively more rigorous (Madden, Levenstein, & Levenstein, 1976). Each design, in effect, transformed the previous research from summative to formative research, culminating in a summative true experimental research design before there were demonstrated unequivocal program effects on the parenting skills of Program mothers and on the mean IQ of their children.

Intervention Method

As previously indicated, the problem of defining the intervention method can be aided first by limiting program goals. The method can then be defined by describing in written form every aspect of the program. We ourselves expounded in wearisome detail the basic Mother-Child Home Program: 92 home play sessions, spaced over two local school years, conducted by "Toy Demonstrators" with mother and child together, to show the mother, for her optional use, an explicit curriculum of interactive techniques focused around gifts of toys and books in careful developmental sequence. Then we monitored its implementation through training and regular weekly supervision of home visitors, written record, supervisor's visits to families, even audio tape recordings (Levenstein and Sunley, 1968; Levenstein, 1970, 1977)

During most of the same years that we were measuring program effects in various designs and in various ways, we also investigated the feasibility of out-of-project implementation of the program, by supervising the implementation of 70 replications of the program all over the country, from Alaska to Maine.

It seems possible to maintain quality control even in replications through training the replicator staff in the written details of the program in an initial Training Institute and for two years of close guidance, including site visits accompanied by check-off lists of basic standards to be followed, all of this preceded by a letter of serious intent to truly replicate by the highest administrator of the replicating organization. This will probably entail practical aids such as printed forms to guide and record every administrative detail of the program, informational films, videotapes of program activities, perhaps yearly workshops of program directors to meet for mutual support and new information and re-vitalization. Proposed variations might be carefully considered and accepted if they don't violate the program's philosophy.

Socio-ethical Safeguards

To turn now to the ethical issues, it seems to me that solutions to the socio-ethical problems of program delivery rest on at least three general propositions: 1) that the target population for home-based programs should have the same rights as people who use center-based programs, or indeed as the general population, to quality in services; to the freedom of choosing or not choosing to use those services; and to freedom from overt or subtle coerciveness and invasions of privacy; 2) that people are uniquely vulnerable in their homes to violations of those rights; and 3) that once a do-gooder has entered one's home, it takes courage to order him or her out.

If the implications of these propositions are recognized and crystallized into explicit safeguards, the benefits and potential of home-based programs are more likely to be realized. Such safeguards might include the following suggestions for home-based programs, their directors, and their home visitors:

1) The Home Visitor should deliver only those services for which she is qualified as an expert, and which the program participant has requested.

2) Be responsive to non-verbal messages from the program participant that the service is unwelcome: she fails appointments; or during home sessions, she retreats to cooking dinner or telephones friends. This requires sensitivity to signals for which the home visitor's supervisor by virtue of her position should have more training than her supervisee. The supervisor should perhaps have a talk with the program participant to sense which way the wind blows. The dissatisfaction, if it truly exists, may be with the home visitor, perhaps because of misunderstanding, and not with the program. But if it turns out to be the latter, the service should be withdrawn without argument, even if it means terminating the program.

3) Make reasonably sure that the services will enhance, not undermine, the strengths in the family. Avoid temptations to take over.

4) Preserve confidentiality by keeping participants' records in locked files, and by over-training home visitors never to mention a family's name to anyone except her supervisor, or to mention family information in any context but supervision.

5) Guard against invasion of the family's privacy by such stratagems as entering homes only when admitted by an adult and preserving silence, or departing, when family events occur obviously not meant for strangers' eyes or ears.

CONCLUDING COMMENTS

Home-based programs, with their settings most natural for fostering the development of very young children and their families, and their convenience for busy mothers, have an enormous potential for reinforcing the great strengths which already exist in families. But like any strong medicine, they must be used sparingly, nor should successful programs be generalized to purposes, age groups or populations for which they were not intended or tested. The architect's dictum that "less is more" is not a bad motto for home based programs.

With such caveats there is a good chance that home-based programs may well be one of the bright spots in the future, a dream rather than a mightmare.

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